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10/701,258	11/04/2003		Robert J. Lang	TOR		EY DOCKET NO. 6 (P1669 US)	CONFIRMATIO)N NO.	
TITLE OF INVENTION: EXTENDED CAVITY LASER DEVICE WITH BULK TRANSMISSION GRATING									
APPLN. TYPE	SMALL ENTITY	ISSUE PEÈ DUR	PUBLICATION FEE D		E FES 1	TOTAL PEE(S) DUE	DATED	UE .	
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GOLUB, MARCIA A 2828 372-102000 1. Change of correspondence address or indication of "Feo Address" (37 2. For printing on the patent front page list									
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. ALLEN, DYER, DOPPELT MILBRATH & GILCHRIST, P.A. Anomeys at Law 255 South Crange Ave., Ste, 1401 P.O. Box 3791 Orlando, FL. 32802-3791						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
JDS Uniphase Corporation Milpitas, CA									
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the pawnt):	☐ Individual X Co	rporation (or other private group	entity 🗖 Go	yemment	
4a. The following fee(s): Lissue Fee Publication Fee (N Advance Order - #	b. Payment of Foe(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any loverpayment, to Deposit Account Number 50-1465 (enclose an extra copy of this form).								
5. Change in Entity Stat	SMALLENTITY SLATE	5. Sco 37 CFR 1.27.	Dh. Applicant is no	longer claiming CRAAT	r Daireim	/	1.05/ 1/0		
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